DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Inspector General Office of Audit Services



OCT 1 6 2007

REGION IV 61 Forsyth Street, S.W., Suite 3T41 Atlanta, Georgia 30303

Report Number: A-04-06-03509

Mr. Robert Butterworth, Secretary Department of Children and Families 1317 Winewood Boulevard Building 1, Room 202 Tallahassee, Florida 32399-0700

Dear Mr. Butterworth:

Enclosed is the U.S. Department of Health and Human Services (HHS), Office of Inspector General (OIG), final report entitled "Review of Refugee Medical Assistance Payments in Florida for the Period July 1, 2002, Through June 30, 2005." We will forward a copy of this report to the HHS action official noted on the following page for review and any action deemed necessary.

The HHS action official will make final determination as to actions taken on all matters reported. We request that you respond to this official within 30 days from the date of this letter. Your response should present any comments or additional information that you believe may have a bearing on the final determination.

Pursuant to the principles of the Freedom of Information Act, 5 U.S.C. § 552, as amended by Public Law 104-231, OIG reports generally are made available to the public to the extent the information is not subject to exemptions in the Act (45 CFR part 5). Accordingly, within 10 business days after the final report is issued, it will be posted on the Internet at http://oig.hhs.gov.

If you have any questions or comments about this report, please do not hesitate to call me, or contact John Drake, Audit Manager, at (404) 562-7755 or through e-mail at john.drake@oig.hhs.gov. Please refer to report number A-04-06-03509 in all correspondence.

Sincerely,

Peter J. Barbera

Regional Inspector General

Peter & Barbera

for Audit Services, Region IV

Enclosure

Page 2 – Robert Butterworth

Direct Reply to HHS Action Official:

Administration for Children and Families Director, Division of Financial Integrity Room 702 Aerospace Building 370 L'Enfant Promenade, S.W. Washington, D.C. 20447

Department of Health and Human Services

OFFICE OF INSPECTOR GENERAL

REVIEW OF REFUGEE
MEDICAL ASSISTANCE
PAYMENTS IN FLORIDA
FOR THE PERIOD JULY 1, 2002,
THROUGH JUNE 30, 2005



Daniel R. Levinson Inspector General

> October 2007 A-04-06-03509

Office of Inspector General

http://oig.hhs.gov

The mission of the Office of Inspector General (OIG), as mandated by Public Law 95-452, as amended, is to protect the integrity of the Department of Health and Human Services (HHS) programs, as well as the health and welfare of beneficiaries served by those programs. This statutory mission is carried out through a nationwide network of audits, investigations, and inspections conducted by the following operating components:

Office of Audit Services

The Office of Audit Services (OAS) provides all auditing services for HHS, either by conducting audits with its own audit resources or by overseeing audit work done by others. Audits examine the performance of HHS programs and/or its grantees and contractors in carrying out their respective responsibilities and are intended to provide independent assessments of HHS programs and operations. These assessments help reduce waste, abuse, and mismanagement and promote economy and efficiency throughout HHS.

Office of Evaluation and Inspections

The Office of Evaluation and Inspections (OEI) conducts national evaluations to provide HHS, Congress, and the public with timely, useful, and reliable information on significant issues. Specifically, these evaluations focus on preventing fraud, waste, or abuse and promoting economy, efficiency, and effectiveness in departmental programs. To promote impact, the reports also present practical recommendations for improving program operations.

Office of Investigations

The Office of Investigations (OI) conducts criminal, civil, and administrative investigations of allegations of wrongdoing in HHS programs or to HHS beneficiaries and of unjust enrichment by providers. The investigative efforts of OI lead to criminal convictions, administrative sanctions, or civil monetary penalties.

Office of Counsel to the Inspector General

The Office of Counsel to the Inspector General (OCIG) provides general legal services to OIG, rendering advice and opinions on HHS programs and operations and providing all legal support in OIG's internal operations. OCIG imposes program exclusions and civil monetary penalties on health care providers and litigates those actions within HHS. OCIG also represents OIG in the global settlement of cases arising under the Civil False Claims Act, develops and monitors corporate integrity agreements, develops compliance program guidances, renders advisory opinions on OIG sanctions to the health care community, and issues fraud alerts and other industry guidance.

Notices

THIS REPORT IS AVAILABLE TO THE PUBLIC

at http://oig.hhs.gov

In accordance with the principles of the Freedom of Information Act (5 U.S.C. 552, as amended by Public Law 104-231), Office of Inspector General, Office of Audit Services reports are made available to members of the public to the extent the information is not subject to exemptions in the act. (See 45 CFR Part 5.)

OAS FINDINGS AND OPINIONS

The designation of financial or management practices as questionable or a recommendation for the disallowance of costs incurred or claimed, as well as other conclusions and recommendations in this report, represent the findings and opinions of the HHS/OIG/OAS. Authorized officials of the HHS divisions will make final determination on these matters.

EXECUTIVE SUMMARY

BACKGROUND

The Refugee Act of 1980 (Public Law 96-212) created the Federal Refugee Resettlement Program (RRP) to provide for the effective resettlement of refugees and to assist them in achieving economic self-sufficiency as quickly as possible after arrival in the United States. The Act authorizes Federal reimbursement to States for up to 100 percent of cash and medical assistance provided to refugees immediately following their date of entry into the United States. The RRP reimburses States the cost that they would normally incur to provide refugees medical assistance under existing Federal and State assistance programs, and for a special program of refugee medical assistance (RMA).

At the Federal level, the RRP is administered by the Office of Refugee Resettlement (ORR), which is a part of the Administration for Children and Families. In Florida, the RRP is administered by the Florida Department of Children and Families (DCF). RRP funding is subject to the availability of Federal appropriations. Effective October 1, 1991, and subsequently, the eligibility period for benefits is 8 months from a refugee's date of entry or of asylum.

OBJECTIVE

Our objective was to determine whether DCF made RMA payments only on behalf of beneficiaries whose eligibility periods had not expired.

SUMMARY OF FINDINGS

Based on our sample results, we estimate that from July 1, 2002, through June 30, 2005, DCF made payments totaling at least \$226,028 on behalf of beneficiaries whose eligibility periods had expired. These overpayments occurred because DCF did not always follow its established procedures for closing RMA cases.

In addition, DCF's computerized eligibility system, the Florida Online Recipient Integrated Data Access (FLORIDA) system contained missing or inaccurate dates of entry or of asylum for some beneficiaries, allowing erroneous payments to occur. As a result, DCF made \$58,510 in additional RMA payments for 24 beneficiaries after their eligibility periods had expired.

RECOMMENDATIONS

We recommend that DCF:

- make a financial adjustment of \$226,028 for the RMA payments made on behalf of ineligible beneficiaries;
- ensure that all employees follow established procedures for timely closing of RMA cases;

- make a financial adjustment of \$58,510 for 24 beneficiaries whose dates of entry or of asylum were not documented in the case files;
- enhance internal controls to prevent missing, overwritten, and inaccurate entry and asylum dates.

STATE COMMENTS AND OFFICE OF INSPECTOR GENERAL RESPONSE

DCF concurred with our recommendation to make a financial adjustment of \$226,028 for the RMA payments made on behalf of ineligible beneficiaries and with our recommendation to ensure that all employees follow established procedures for timely closing RMA cases.

DCF did not concur with our draft report recommendation to review any additional payments made to ineligible beneficiaries subsequent to our audit period and make appropriate financial adjustments. Instead, DCF suggested that its resources could be better used in conducting compliance reviews on current cases. After reviewing DCF's procedures for conducting compliance reviews, which include reviews of eligibility periods, we agreed with DCF's alternative proposed action and deleted the draft report recommendation.

DCF officials said that they had reviewed the case files for 17 of 41 beneficiaries whose dates of entry or of asylum were overwritten in the FLORIDA system and determined that 15 were eligible and 2 were ineligible. DCF said that it took steps to recover \$864 in overpayments for the 2 ineligible beneficiaries. After reviewing DCF's documentation, we agreed that the 15 were eligible for RMA benefits and adjusted our recommended recovery accordingly.

DCF did not address the eligibility of the remaining 24 beneficiaries. Therefore, we continue to recommend that DCF repay \$58,510 in overpayments applicable to these 24 beneficiaries whose dates of entry or of asylum were overwritten in the FLORIDA system.

DCF concurred with our recommendation to enhance internal controls to prevent missing, overwritten, and inaccurate entry and asylum dates.

The complete text of DCF's response to our draft report is at Appendix C of this report.

TABLE OF CONTENTS

<u>Page</u>
INTRODUCTION1
BACKGROUND1
Refugee Resettlement Program
OBJECTIVE, SCOPE, AND METHODOLOGY1
Objective
FINDINGS AND RECOMMENDATIONS
FEDERAL REQUIREMENTS
REFUGEE MEDICAL ASSISTANCE PAYMENTS AFTER ELIGIBILITY PERIOD EXPIRED
MISSING OR INACCURATE DATA IN THE FLORIDA SYSTEM4
RECOMMENDATIONS4
STATE COMMENTS AND OFFICE OF INSPECTOR GENERAL RESPONSE
APPENDIXES
A – SAMPLE DESIGN AND METHODOLOGY
B – SAMPLE RESULTS AND PROJECTION
C – STATE COMMENTS

GLOSSARY OF ABBREVIATIONS AND ACRONYMS

AHCA Agency for Health Care Administration
DCF Department of Children and Families

FLORIDA System Florida Online Recipient Integrated Data Access

ORR Office of Refugee Resettlement

RCA Refugee Cash Assistance
RRP Refugee Resettlement Program
RMA Refugee Medical Assistance

USCIS United States Customs and Immigration Service

INTRODUCTION

BACKGROUND

Refugee Resettlement Program

The Refugee Act of 1980 (Public Law 96-212) created the Federal Refugee Resettlement Program (RRP) to provide for the effective resettlement of refugees and to assist them in achieving economic self-sufficiency as quickly as possible after arrival in the United States. The Act authorized Federal reimbursement to States for up to 100 percent of cash and medical assistance provided to refugees immediately following their date of entry into the United States. The RRP reimbursed States the cost that they would normally incur to provide refugees cash and medical assistance under existing Federal and State assistance programs such as Temporary Assistance to Needy Families, Medicaid, and Supplemental Security Income State supplement, and for a special program of refugee cash assistance (RCA) and refugee medical assistance (RMA).

For refugees eligible for Federal assistance programs, the RRP reimbursed States their share of program costs while the Federal assistance programs, such as Temporary Assistance to Needy Families and Medicaid contributed their usual Federal Financial participation. For refugees eligible for RCA and RMA, the RRP reimbursed States the full cost of assistance.

Administration of the Refugee Resettlement Program

At the Federal level, RRP is administered by the Office of Refugee Resettlement (ORR), which is a part of the Administration for Children and Families. In Florida, the RRP is administered by the Department of Children and Families (DCF). The Florida Agency for Health Care Administration (AHCA) determines the duration and type of RMA services provided. AHCA also contracts with the State's Medicaid fiscal agent to process RMA payments.

Funding for RRP is subject to the availability of funds appropriated. Effective October 1, 1991, ORR notified the States that the eligibility period for RMA for new arrivals was 8 months from the date of entry or of asylum. The 8-month eligibility period has remained in effect since that date.

OBJECTIVE, SCOPE, AND METHODOLOGY

Objective

Our objective was to determine whether DCF made RMA payments only on behalf of beneficiaries whose eligibility periods had not expired.

Scope

Our audit period covered payments made on behalf of RMA beneficiaries from July 1, 2002, through June 30, 2005.

We performed fieldwork from May 2006 to December 2006 in Tallahassee and Miami, Florida.

Methodology

To accomplish our objective:

- We reviewed Federal and State laws, regulations, and other requirements related to RMA eligibility.
- We held discussions with State officials to obtain an understanding of policies, procedures, and guidance for determining RMA eligibility.
- We obtained an extract of RMA payments from the AHCA Medicaid management system. This extract consisted of 477,313 RMA payments, totaling \$39,604,571, made on behalf of 41,270 beneficiaries during the period July 1, 2002, through June 30, 2005.
- We matched this extract of payments with refugee eligibility data from the Florida Online Recipient Integrated Data Access (FLORIDA) system.
- We identified a population of beneficiaries who, based on their dates of entry or of asylum in the FLORIDA system, had RMA payments made on their behalf after their periods of eligibility had expired. This population consisted of 643 beneficiaries on whose behalf DCF made payments totaling \$464,405.
- We selected for detailed review a stratified random sample of 104 beneficiaries on whose behalf DCF made \$123,825 in RMA payments. (See Appendix A for details regarding sampling methodology.)
- We obtained and reviewed case files and related documentation for the selected 104 beneficiaries.
- We met with officials from the Florida Auditor General's Office. They gave us a schedule of
 all beneficiaries who had previously been identified as having received overpayments during
 our audit period, and we removed those beneficiaries from our audit population to prevent
 duplicate recovery.
- We identified 113 beneficiaries that had the date of entry or of asylum missing in the FLORIDA system, and removed them from our sample population.

• We analyzed payments for 163 additional beneficiaries that had their date of entry or of asylum overwritten in the FLORIDA system, and contacted the United States Customs and Immigration Service (USCIS) to obtain an original date of entry or of asylum.

We did not review the overall internal control structure of the FLORIDA system because we performed substantive audit tests to determine the allowability of RMA payments made on behalf of a random sample of 104 beneficiaries. We used a variable appraisal program to estimate the dollar impact of the improper RMA payments.

We conducted our review in accordance with generally accepted government auditing standards.

FINDINGS AND RECOMMENDATIONS

Based on our sample results, we estimate that from July 1, 2002, through June 30, 2005, DCF made payments totaling at least \$226,028¹ on behalf of beneficiaries whose eligibility periods had expired. These overpayments occurred because DCF did not always follow its established procedures for closing RMA cases.

In addition, DCF's computerized eligibility system (FLORIDA system) contained missing or inaccurate dates of entry or of asylum for some beneficiaries, allowing erroneous payments to occur. As a result, DCF made \$58,510 in additional RMA payments for 24 beneficiaries after their eligibility periods had expired.

FEDERAL REQUIREMENTS

Federal regulations (45 CFR § 400.204) make Federal funding available for medical assistance provided to eligible refugees. Regulations (45 CFR § 400.211) also describe the methodology ORR uses to determine time-eligibility of refugees and state in part that "the time-eligibility period for refugee cash assistance and refugee medical assistance will be determined by the Director each year, based on appropriated funds available for the fiscal year." In ORR letter SL00-12, to State refugee coordinators, the Director of ORR said that the eligibility period for refugee cash and medical assistance continues for eight months after the entry or asylum date.

In regard to documentation for medical assistance payments, Federal regulations (45 CFR § 400.28) require States to maintain records needed for Federal monitoring of a State's refugee resettlement program. This recordkeeping must include documentation of services and assistance provided, including the identification of individuals that received services.

¹This estimate represents the lower limit of ineligible RMA payments at the 90 percent confidence level. The point estimate of our sample was \$293,848. (See Appendix B.)

REFUGEE MEDICAL ASSISTANCE PAYMENTS AFTER ELIGIBILITY PERIOD EXPIRED

We identified \$104,105 of RMA payments DCF made on behalf of 76 beneficiaries whose eligibility periods had expired. Projecting these findings to our population of beneficiaries for the 3-year period ended June 30, 2005, we estimate that DCF made payments totaling at least \$226,028 on behalf of beneficiaries whose eligibility periods had expired. (See Appendix B for the details of our sample results and projections.)

The overpayments occurred because DCF did not always follow its established procedures for timely closing of all RMA cases. Some cases were closed automatically within the FLORIDA system. However, in other cases, DCF relied on district offices to terminate medical assistance when a beneficiary's period of eligibility expired, based on an ad hoc report. However, relying on district offices to terminate ineligible recipients was not always effective.

MISSING OR INACCURATE DATA IN THE FLORIDA SYSTEM²

From the original data extract of 41,270 beneficiaries, we identified 163 beneficiaries that had dates of entry or of asylum that were illogical compared to the dates of RMA payments. For example, according to the data in the FLORIDA system, some RMA payments were dated before the beneficiaries entered into the United States or before they were granted asylum. DCF made \$445,273 in payments on behalf of these 163 beneficiaries. The original dates of entry or of asylum for these 163 RMA beneficiaries had been inadvertinently overwritten in the FLORIDA system when those beneficiaries became participants in a program unrelated to RMA. For 158 of 163 beneficiaries, we were able to obtain an original date of entry or of asylum from the USCIS. For the remaining 5 beneficiaries, we were not able to obtain an original date of entry or of asylum from the USCIS.

Based on information that we obtained from USCIS and DCF, we determined that 24 of the 163 beneficiaries received RMA payments totaling \$58,510 after their eligibility periods had expired.

RECOMMENDATIONS

We recommend that DCF:

- make a financial adjustment of \$226,028 for the RMA payments made on behalf of ineligible beneficiaries:
- ensure that all employees follow established procedures for timely closing of RMA cases;

²Payments on behalf of beneficiaries in this section were not included in the population from which we selected the sample discussed in the previous section of this report. Thus these potential overpayments are in addition to the errors cited previously.

- make a financial adjustment of \$58,510 for 24 beneficiaries whose dates of entry or of asylum were not documented in the case files; and
- enhance internal controls to prevent missing, overwritten, and inaccurate entry and asylum dates.

STATE COMMENTS AND OFFICE OF INSPECTOR GENERAL RESPONSE

DCF concurred with our recommendation to make a financial adjustment of \$226,028 for the RMA payments made on behalf of ineligible beneficiaries and with our recommendation to ensure that all employees follow established procedures for timely closing RMA cases.

DCF did not concur with our draft report recommendation to review any additional payments made to ineligible beneficiaries subsequent to our audit period and make appropriate financial adjustments. Instead, DCF suggested that its resources could be better used in conducting compliance reviews on current cases. After reviewing DCF's procedures for conducting compliance reviews, which include reviews of eligibility periods, we agreed with DCF's alternative proposed action and deleted our recommendation.

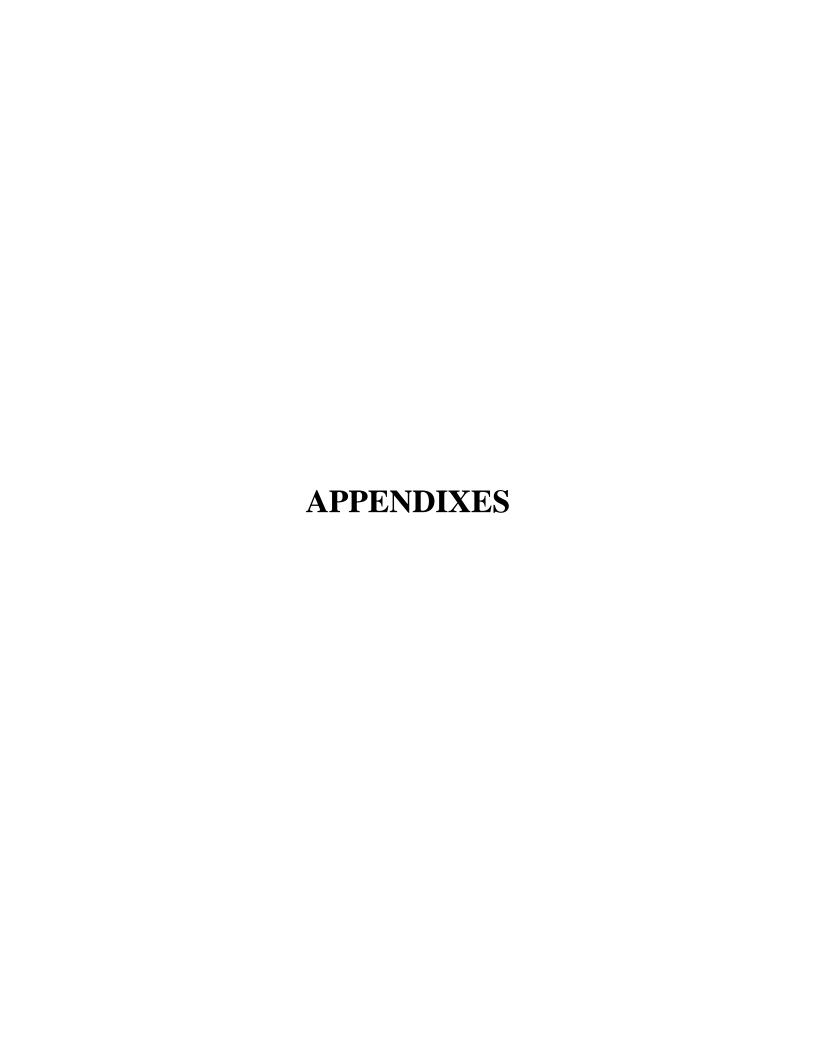
DCF officials said that they had reviewed the case files for 17 of 41³ beneficiaries whose dates of entry or of asylum were overwritten in the FLORIDA system and determined that 15 were eligible and 2 were ineligible. DCF said that it took steps to recover \$864 in overpayments for the 2 ineligible beneficiaries. After reviewing DCF's documentation, we agreed that the 15 were eligible for RMA benefits and adjusted our recommended recovery accordingly.

DCF did not address the eligibility of the remaining 24 beneficiaries. Therefore, we continue to recommend that DCF repay \$58,510 in overpayments applicable to these 24 beneficiaries whose dates of entry or of asylum were overwritten in the FLORIDA system.

DCF concurred with our recommendation to enhance internal controls to prevent missing, overwritten, and inaccurate entry and asylum dates.

The complete text of DCF's response to our draft report is at Appendix C of this report.

³The draft report we issued to DCF recommended that DCF review the case files for 41 beneficiaries whose dates of entry or of asylum were overwritten in the FLORIDA system and recover any overpayments (estimated at \$80,472 to 36 beneficiaries and, potentially, \$24,433 to 5 beneficiaries). Based on additional information DCF provided, we reduced the number of ineligible individuals to 24 and the dollars recommended for adjustment to \$58,510.



SAMPLE DESIGN AND METHODOLOGY

AUDIT OBJECTIVE

Our objective was to determine whether DCF made RMA payments only on behalf of beneficiaries whose eligibility periods had not expired.

POPULATION

The population consisted of all beneficiaries for whom the eligibility period for benefits appeared to have expired based on FLORIDA system dates, and for whom DCF made RMA payments of more than \$100 during the period July 1, 2002, through June 30, 2005. DCF made \$464,405 in refugee medical payments on behalf of 643 beneficiaries in our population. Breaking the population down further there were:

- 639 beneficiaries with medical payments greater than \$100 and less than \$8,000; and
- 4 beneficiaries with medical payments equal to or more than \$8,000.

SAMPLING FRAME

The sampling frame was a computer listing that identified each beneficiary and the total number and amount of payments made on behalf of that beneficiary past the period of eligibility. To obtain our audit population we started with an extract of refugee medical payments from the Florida Agency for Healthcare Administration's Medicaid management system. We matched these payments with refugee eligibility data from the FLORIDA system. This resulted in a population of 477,313 payments, made on behalf of 41,270 beneficiaries, totaling \$39,604,571.

We then refined our matched population to only those payments made on behalf of beneficiaries after their eligibility periods had expired. Because the benefit eligibility period is based on a beneficiary's date of entry into the country or date asylum was granted, these dates were analyzed in our matched population database. Through additional refinements, we reduced the population of potentially erroneous payments to 5,044 payments, made on behalf of 976 beneficiaries, totaling \$473,370.

We eliminated beneficiaries from our population who had been previously identified by the Florida Auditor General as ineligible for RMA benefits. This step reduced the population to 5,039 payments, made on behalf of 973 beneficiaries, totaling \$472,375. Finally, we eliminated from the population those beneficiaries whose RMA payments totaled less than \$100. This step further reduced our sample population to 643 beneficiaries with RMA payments totaling \$464,405.

SAMPLE UNIT

The sampling unit was a beneficiary. All payments made on behalf of beneficiaries after their periods of eligibility expired are included as part of the sampling unit.

SAMPLE DESIGN

We used a stratified sample. Stratum 1 was a certainty stratum consisting of all (4) beneficiaries with RMA payments equal to or greater than \$8,000 each. Stratum 2 consisted of all beneficiaries with RMA payments totaling more than \$100 and less than \$8,000.

SAMPLE SIZE

We selected a sample of 104 beneficiaries.

SOURCE OF THE RANDOM NUMBERS

The source of the random numbers was the Office of Inspector General, Office of Audit Services Statistical Sampling software. We used the Random Number Generator for our sample.

METHOD FOR SELECTING SAMPLE ITEMS

We selected all four beneficiaries in stratum 1, which consisted of beneficiaries on whose behalf refugee medical assistance payments were greater than or equal to \$8,000 each.

For stratum 2, we sequentially numbered the remaining beneficiaries from 1 to 639, and randomly selected 100 beneficiaries.

CHARACTERISTICS TO BE MEASURED

We measured the amount of overpayment that resulted from ineligible payments. If the entry date on the FLORIDA system file was correct and a recovery had not been made, the error amount was the amount originally identified on the computer file. If the entry date was not correct or a recovery had been made, we computed the amount of the remaining error.

ESTIMATION METHODOLOGY

Using the RATS-STATS Variable Appraisal Program, we projected the amount of overpayments from the sample of the universe.

SAMPLE RESULTS AND PROJECTIONS

SAMPLE RESULTS

<u>Stratum</u>	Sample Size	Value of <u>Sample</u>	Number of Errors	Value of Errors
(1) Amts >\$8,000	4	\$ 68,902.48	4	\$ 68,902.48
(2) \$100 - \$7,999	<u>100</u>	\$ 54,922.23	<u>72</u>	\$ 35,202.76
Total	104	\$123,824.71	76	\$104,105.24

VARIABLE PROJECTIONS

VARIABLE PROJECTIONS	Projected Value of Erroneous Payments
Point Estimate	\$293,848
90-Percent Confidence Interval Lower Limit Upper Limit	\$226,028 \$361,669

STATE COMMENTS



State of Florida Department of Children and Families

Charlie Crist Governor

Robert Butterworth Secretary

August 28, 2007

RECEIVED

SEP 04 2007

Office of Audit Sycs.

Mr. Peter J. Barbera Regional Inspector General for Audit Services, Region IV Department of Health and Human Services 61 Forsyth Street S.W., Suite 3T41 Atlanta, GA 30303-8909

Dear Mr. Barbera:

Thank you for the July 26 letter providing the Office of Inspector General draft report entitled "Review of Refugee Medical Assistance Payments in the State of Florida," Report number A-04-06-03509.

Enclosed is our formal response to the findings and recommendations. We thank you for your recommendations and the opportunity to respond.

Please contact Jennifer Lange, ACCESS Program Director, at (850) 921-0253 if you have any questions.

Sincerely

Robert A. Butterworth

Secretary

Enclosure

STATE COMMENTS

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES RESPONSE TO HHS-OIG REVIEW OF REFUGEE MEDICAL ASSISTANCE PAYMENTS IN THE STATE OF FLORIDA (CIN A-04-06-03510)

HHS Recommendation #1

We recommend that DCF make a financial adjustment of \$226,028 for the RMA payments made on behalf of ineligible beneficiaries.

Department's Response:

The ACCESS Program Office will coordinate with the Office of Revenue Management to make an adjustment of \$226,028 to the Refugee Medical Assistance Grant for the quarterly reporting period ending September 30, 2007. The Department will make evidence of the adjustment available to HHS by October 31, 2007.

Department Contact and phone: David Hines, 850-921-5564

HHS Recommendation #2

We recommend that DCF review any additional payments made subsequent to June 30, 2005, on behalf of the beneficiaries identified in our audit and make additional financial adjustments as warranted.

Department's Response:

Subsequent to June 30, 2005, the Department has enhanced internal controls including automation of reports, reviews completed on the Quality Management System (QMS) Online, and data and onsite reviews by Central Office Quality Assurance staff. Due to the time lapse, we believe that greater efficiency and use of our resources are better served through our current compliance reviews.

Department Contact and phone: Ellen Ransdell, 850-487-2969

HHS Recommendation #3

We recommend that DCF ensure that all employees follow established procedures for timely closing of RMA cases.

Department's Response:

The ACCESS Program Office will post reminders on the ACCESS Program Policy Home Page to remind staff of the procedures for timely closing RMA cases. The Department will post reminders by September 15, 2007,

Department Contact and phone: Florence Love, 850-413-6790

STATE COMMENTS

HHS Recommendation #4

We recommend that DCF review the case files for beneficiaries whose dates of entry or of asylum were overwritten in the FLORIDA system and recover any overpayments (estimated at \$80,472 to 36 beneficiaries and, potentially, \$24,433 to 5 beneficiaries).

Department's Response:

Subsequent review of the 41 case records resulted in 15 cases having entry documents supporting RMA eligibility. Two cases contained entry documents that supported the overpayment finding in the audit.

Overpayment referrals will be completed on the two cases where entry documents were obtained supporting the audit finding and any of the remaining cases with overpayment. The Department will complete referrals by September 30, 2007.

Agency Contact and phone: Eileen Schilling, 850-414-5643

HHS Recommendation #5

We recommend that DCF enhance internal controls to prevent missing, overwritten, and inaccurate entry and asylum dates.

Department's Response:

The ACCESS policy section will coordinate with the Florida Technology Unit to ensure edits are placed in the FLORIDA System to prevent the occurrence of missing, overwritten and inaccurate entry and asylum dates. The Department will coordinate edits by September 30, 2007.

Agency Contact and phone: Debbie Owens, 850-921-5570